CITY OF GROVELAND, UTILITIES DEPARTMENT

NATIONAL PAYMENT SOLUTIONS 506 MANCHESTER EXPWY SUITE A-12 COLUMBUS, GEORGIA 31904

1-888-554-9356

AUTHORIZATION AGREEMENT FOR ACH DEBIT

Utilities Account Number:	<u> </u>	
indicated below and the depository named	COMPANY, to initiate debit entries to my a below hereinafter called DEPOSITORY to nts can be represented electronically for the y state laws.	debit
DEPOSITORY INSTITUTION:		
CITY:	STATE: ZIPCODE: _	
TRANSIT/ROUTING NUMBER:		
ACCOUNT NUMBER:		
This agreement is to remain in effect until written notification of termination 30 days	COMPANY and DEPOSITORY have rece prior in advance.	ived
Name:	Phone#:	
Signature:	Date:	
SERVICE ADDRESS		
Return to: City of Groveland 156 S. Lake Avenue Groveland, FL 34736 352-429-2141 EXT 221 AND 222 FAX 352-429-3852		
IMPORTANT NOTICE: Transfer will occur of the 1st falls on a holiday or weekend.	on the 1st of each month , or the next business day	y if
Date Received	Processed by	